Wyoming Notary Public Commission Application

(W.S. 32-1-107)

Instructions: Fill in all blanks, using "NA" if not applicable. Type or print clearly.

Commission Name Style (type or print name to exactly match signature below.)					2. County of Residence
3. Gender	4. Last Name		5. First Name		6. Middle Name
☐ Male ☐ Female					
7. Residential Address (street/route) 8. City				9. Zip Code	10. Home Phone
11. Mailing Address (where notary information will be mailed)				12. City	13. Zip Code
14. Place of Employment (name & address) 15. City				16. Zip Code	17. Business Phone
		<u>I</u>			
18. I am applying for:					
\square a new commission; or					
a renewal of my current commission. My current commission expiration date is:					
19. Have you ever been a Wyoming notary?					
☐ Yes, under the name of				_ in	County.
□ No.					
Certification: please read, sign, and date.					
I certify that I am 18 years of age or older, able to read and write the English language, and an actual resident of the state of Wyoming and of the County for which I am making application.					
I further certify that I understand the duties and responsibilities imposed on notaries public under Wyoming law and understand that breach of said responsibility may result in criminal penalties including imprisonment.					
Signature of applicant (must ma	atch item #1 abo	ve)	_	Date	
Filing Fee: \$30.00 (make checks payable t "Secretary of State")					

Notary Officer Secretary of State's Office State Capitol Building, 200 West 24th Street Cheyenne, WY 82002-0020 Ph. 307.777.5335

Return application and filing fee to: